



2005 11:52AM ZPS GROUP SC

No.9283 P. 1

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7590 09/22/2005  
**Ziolkowski Patent Solutions Group, LLC**  
**14135 North Cedarburg Road**  
**Mequon, WI 53097**

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10/06/2005 HDENESS2 00000058 070845 10765617

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10765,617	01/27/2004	Thomas L. Toth	GEMS0801.197	1346

**TITLE OF INVENTION:** SYSTEM AND METHOD OF DETERMINING A USER-DEFINED REGION-OF-INTEREST OF AN IMAGING SUBJECT FOR X-RAY FLUX MANAGEMENT CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KEANEY, ELIZABETH MARIE	2882	378-016000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Ziolkowski Patent Solutions Group, SC**  
1. \_\_\_\_\_  
2. **Michael A. Della Penna**  
3. **Carl B. Horton**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**General Electric Company**

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

**Schenectady, NY**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0845 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature: [Signature]  
Typed or printed name: **Timothy J. Ziolkowski**

Date: 10/6/05  
Registration No. **38.368**

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